

FILED FEB. 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2546

318

PRIMARY REG. DIST. NO. 1000 Registrar's No. 826

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1000		Registrar's No. 826	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis		8128	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital,				d. STREET ADDRESS (If rural, give location) 1315 St. Clair Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) PAYTON		b. (Middle)		c. (Last) E E HAHN		4. DATE OF DEATH (Month) (Day) (Year) JAN. 24, 1950	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 16, 1887	
9. AGE (In years last birthday) 63		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 18 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) Lutesville Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Dept		10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.		11. BIRTHPLACE (State or foreign country) Lutesville Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Hahn		13b. MOTHER'S MAIDEN NAME Dora		14. NAME OF HUSBAND OR WIFE Mrs. Orpha Hahn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 327-03-2333		17. INFORMANT'S SIGNATURE OR NAME Mrs. Orpha Hahn, East St. Louis, Illinois ADDRESS: 1315 St. Clair Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular Accident ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ca. flap mouth with Cervical node metastases DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 Mo. 6 mo.	
19a. DATE OF OPERATION 1-23-50		19b. MAJOR FINDINGS OF OPERATION Metastatic Ca Cervical Nodes				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 143X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 19, 1950, to Jan 24, 1950, that I last saw the deceased alive on Jan 24, 1950, and that death occurred at 6:15P m., from the causes and on the date stated above.							
23a. SIGNATURE Harvey R. Butcher		(Degree or title) M.D.		23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED Jan 24, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 27, 1950		24c. NAME OF CEMETERY OR CREMATORY Lutesville Cemetery		24d. LOCATION (City, town, or county) (State) Lutesville Missouri	
DATE REC'D BY LOCAL REG. JAN 25 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home, 1167 Hamilton Ave			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten signature/initials

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Elmo R. Cadwell*

Licensed Embalmer No. 4077

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.